

Wisconsin Department of Regulation & Licensing

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MARRIAGE AND FAMILY THERAPISTS CERTIFICATE OF PROFESSIONAL EDUCATION

EXAMINING BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS

THIS FORM MUST BE COMPLETED BY YOUR PROFESSIONAL SCHOOL AND
RETURNED DIRECTLY TO THE EXAMINING BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY
THERAPISTS AND PROFESSIONAL COUNSELORS AT THE ABOVE ADDRESS.

APPLICANT - Please complete this section.

NAME (First, Middle, Maiden, Last)

Social Security Number*

____ - ____ - ____

ADDRESS (City, State, Zip)

Date of Diploma

____ / ____ / ____

CERTIFYING SCHOOL - Please complete this section.

NAME OF INSTITUTION

LOCATION OF INSTITUTION

DEGREE AWARDED - INCLUDING DEGREE FOCUS

MAJOR

DATE OF DIPLOMA

AT THE TIME APPLICANT RECEIVED DEGREE SCHOOL WAS ACCREDITED BY:

I certify that the above information is true.

Signature of Dean or Department Head

Title

Date

SCHOOL SEAL

*Voluntary, for use in the school locating your records.

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Ch. 457, Stats.

Committed to Equal Opportunity in Employment and Licensing